

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 28-JUL-2016		TIME 19:36:00		2. ADDRESS OF OCCURRENCE 7354 S MERRILL AVE CHICAGO, IL 60649		3. LOCATION CODE 291		4. BEAT/OCCUR 0333		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO											
INVOLVED	5. POSITION 9161		6. LAST NAME DIAZ		7. FIRST NAME JOSE R		8. STAR NO. 15610		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WWH		11. AGE 510		13. WT. 190						
	14. DATE OF APPT. 05-OCT-2012		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 004 0406B		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
	20. LAST NAME O'NEAL		21. FIRST NAME PAUL		22. M.I. A		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 04-JUL-1998		26. HT. 508		27. WT. 153						
INFORMATION	28. ADDRESS 1722 E 70TH ST CHICAGO, IL 60649				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No										
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				33. WHERE WAS MEDICAL TREATMENT OBTAINED? NORTHWESTERN MEMORIAL HOSPITAL																
	34. BY WHOM?				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																
36. CHARGES PLACED <input type="checkbox"/> DNA																37. CB NO.		IR NO.		<input type="checkbox"/> DNA	
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT: ASSAULT				ASSAILANT: BATTERY				ASSAILANT: DEADLY FORCE				
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____				FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____				IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____				ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____				
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____				FIREARM <input checked="" type="checkbox"/> OTHER <u>EVASIVE MOVES/FOOT PUR</u>				
	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No 40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No 40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No 40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member																				
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS CLEAR										
	45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 17		47. BARREL LENGTH 4.5		48. CALIBER/GAUGE 9 MM														
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) TBG838		51. CHICAGO GUN REG. NO. R0287875		52. IL FIREARM OWNER ID. NO. 95180740		53. HANDGUN CERTIFICATE NO.												
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 5												
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) NO PERCEIVED SHOTS TO BE COMING FROM DP		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)														
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO													
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE						67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION						69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
70. ADDITIONAL INFORMATION SUBJECT INTENTIONALLY RAMMED HIS VEHICLE INTO RO'S												71. R.D. NO. HZ368771									

VEHICLE WHILE NUMEROUS SHOTS WERE SIMULTANEOUSLY

HEARD COMING FROM THE DIRECTION OF THE OFFENDERS

VEHICLE. DURING PURSUIT OFFENDER FAILED TO COMPLY

TO VERBAL COMMANDS WHILE REACHING INTO HIS WAIST

BAND.

INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE			70. EVENT NO. 1621013742
	NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC			
NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC				
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.				
40. ADDITIONAL INFORMATION SUBJECT INTENTIONALLY RAMMED HIS VEHICLE INTO RO'S VEHICLE WHILE NUMEROUS SHOTS WERE SIMULTANEOUSLY HEARD COMING FROM THE DIRECTION OF THE OFFENDERS VEHICLE. DURING PURSUIT OFFENDER FAILED TO COMPLY TO VERBAL COMMANDS WHILE REACHING INTO HIS WAIST BAND.				
SIGNATURES	73. REPORTING MEMBER (Print Name) DIAZ, JOSE R		STAR/EMPLOYEE NO. 15610	71. R.D. NO. HZ368777
	29-JUL-2016 06:25:47			
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
74. REVIEWING SUPERVISOR (Print Name) HASAN, ANDRE' A		STAR NO. 211	DATE REVIEWED TIME 29-JUL-2016 06:27:51	

Additional discharged weapons:

WEAPON DISCHARGE INCIDENT INFORMATION	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member		
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR
	45. MAKE/MANUFACTURER GLOCK, INC.-AU--		46. MODEL 17		47. BARREL LENGTH 4.5	48. CALIBER/GAUGE 9 MM	
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) TBG838		51. CHICAGO GUN REG. NO. R0287875		52. IL FIREARM OWNER ID, NO. 95180740
	53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 5		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) NO PERCEIVED SHOTS TO BE COMING FROM OFF <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT, SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT, SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
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	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-5 FT. <input checked="" type="checkbox"/> 02 5-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 KNEELING <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		
CPD 11-277 (REV. 3/16) 72. R.D. NO. 1621013742							

HZ368777

79. ADDITIONAL INFORMATION

SUBJECT INTENTIONALLY RAMMED HIS VEHICLE INTO RO'S

VEHICLE WHILE NUMEROUS SHOTS WERE SIMULTANEOUSLY

HEARD COMING FROM THE DIRECTION OF THE OFFENDERS

VEHICLE. DURING PURSUIT OFFENDER FAILED TO COMPLY

TO VERBAL COMMANDS WHILE REACHING INTO HIS WAIST

BAND.

* CC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
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61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT, SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT, SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO
65. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 CROSS DRAW <input type="checkbox"/> 02 OTHER (Specify)		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO

70. EVENT NO.
1621013742

☒ 01 SUBJECT ☐ 03 ANIMAL ☐ 05 SUBJECT & OTHER CATEGORY ☐ 07 NONE
☒ 02 OTHER PERSON ☐ 04 OBJECT ☐ 06 UNKNOWN ☐ 08 ANY OTHER COMBINATION

☐ 03 SITTING ☐ 04 KNEELING ☐ 05 OTHER (SPECIFY) ☒ 01 STANDING ☐ 02 LYING DOWN

70. ADDITIONAL INFORMATION

SUBJECT INTENTIONALLY RAMMED HIS VEHICLE INTO RO'S

HZ368777

71. R.D. NO.

VEHICLE WHILE NUMEROUS SHOTS WERE SIMULTANEOUSLY

HEARD COMING FROM THE DIRECTION OF THE OFFENDERS

VEHICLE. DURING PURSUIT OFFENDER FAILED TO COMPLY

TO VERBAL COMMANDS WHILE REACHING INTO HIS WAIST

BAND.

*OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		40c. DID THE DISCHARGE RESULT IN A SELF -INFLECTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member		
41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR
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49. TASER DART ID NO. 9		50. WEAPON SERIAL No. (Include Letters) TBG838		51. CHICAGO GUN REG. NO. R0287875		52. IL FIREARM OWNER ID. NO. 95180740
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued
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65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		67. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 CROSS DRAW <input checked="" type="checkbox"/> 02 OTHER (Specify)

☒ 01 SUBJECT ☐ 03 ANIMAL ☐ 05 SUBJECT & OTHER CATEGORY ☐ 07 NONE
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☐ 03 SITTING ☐ 04 KNEELING ☐ 05 OTHER (SPECIFY) ☒ 01 STANDING ☐ 02 LYING DOWN

70. ADDITIONAL INFORMATION

SUBJECT INTENTIONALLY RAMMED HIS VEHICLE INTO RO'S

HZ368777

71. RD. NO.

VEHICLE WHILE NUMEROUS SHOTS WERE SIMULTANEOUSLY

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HEARD COMING FROM THE DIRECTION OF THE OFFENDERS

VEHICLE. DURING PURSUIT OFFENDER FAILED TO COMPLY

TO VERBAL COMMANDS WHILE REACHING INTO HIS WAIST

BAND.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL, (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY, (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY, (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Deceased

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#015

Investigation into this incident is ongoing by Area Central Detectives.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☐ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. 1081642 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

PENA, MARIA C

80.

TRR OF TRR(S)

81. TOTAL TRR's THIS EVENT No.

4

SIGNATURE



DATE COMPLETED TIME

29-JUL-2016 06:42:58